

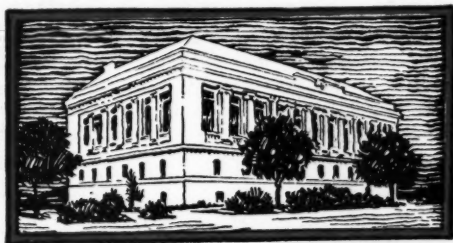
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ORAL HYGIENE

A Journal for Dentists

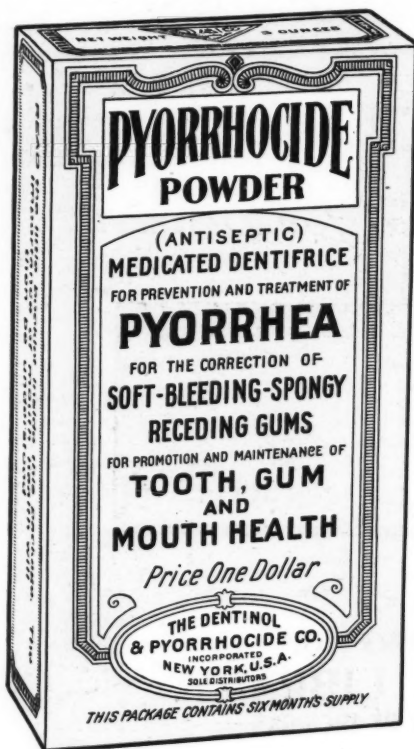


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March, 1921

**Published for The Ransom & Randolph Co.
Toledo, Ohio, U. S. A.**

How much work and what kind of work are pyorrhoea patients doing at home?



Do they **scrub** their teeth and gums every morning and evening?

Do they **scrub** their teeth and gums for a period of four minutes?

Do they brush their teeth after each meal?

Do they use small, stiff tooth brushes—brushes with widely separated tufts?

Do they use brushes which gradually taper to the end?

Do they use PYORRHOCIDE POWDER?

Skillful work at the chair should be supported by skillful work at home.

Prescribe Pyorrhocide Powder—Compare Results

F R E E

Pyorrhocide Powder samples for distribution, a trial bottle of Dentinol for office treatment and a copy of "Causes and Effects of PYORRHEA" mailed on request.

THE DENTINOL & PYORRHOCIDE CO., Inc.

1480 Broadway

New York

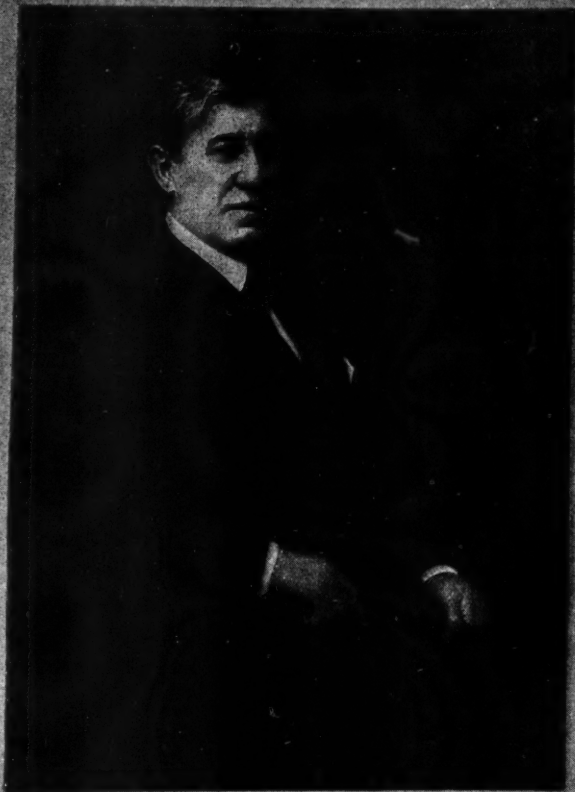
ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME XI

MARCH, 1921

NUMBER 3



Thomas A. Torrey

The Sad Poor Little Faces

The Honorable James M. Curley, Mayor of Boston, in his address at the Forsyth Loving Cup presentation ceremonies, closed his remarks with this poem by a Cambridge poet, saying, "It treats in the same quiet, simple, pure, neighborly spirit in which the benefactions of Mr. Forsyth have been made." The poem is reprinted from the March, 1917, issue.

—Editor ORAL HYGIENE

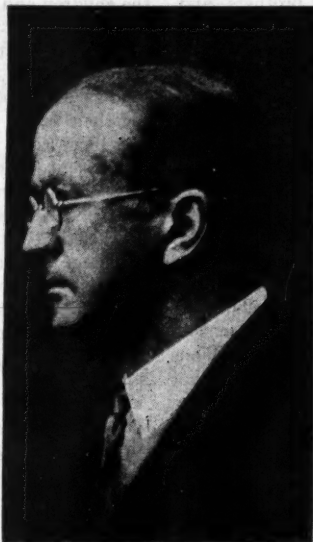
If twinty goolden pounds I had,
Or, betther, twinty guineas,
'Tis quickly I would run, bedad,
An' change thim into pinnies;
An' thin I'd walk the world for miles,
Through all the barest places,
An' faith I think I'd put some smiles
On sad poor little faces.

For many's the lad I know full well,
Barefooted, cowl'd, and skinny,
And many's the girl, the thruth to tell,
Would jump to see a pinny.
I'm but a rough ould rogue meself,
An' through the towns they bawl me,
But faith if I could show such pelf,
'Tis just a saint they'd call me.

I wandher here, I wandher there,
A rambler and a rover,
I see the hedges whin they're bare
An' whin with green grown over
An' whin I see the rich in state
Go by with mothors flashin'
I think of One divinely great
Who rode in humbler fashion.

I see the sorrows of the poor,
An', more than that, I feel thim,
I know the hardships they endure,
None betther can reveal thim.
An' whin I see the little ones,
The Patsies and the Jinnies,
'Tis thin my heart on money runs,
'Tis thin I long for pinnies!

An' if the golden coins I found,
Old Ireland's roads I'd range thin.
I'd walk unto the great seas' bound—
But first of all I'd change thim.
I'd change thim into copper pince,
And search the barest places,
And put a smile—and think 'twas sinse—
On sad poor little faces!



Arthur Brisbane

For 90,000 Children

Earth's Best Monument to Four Noble Men

By ARTHUR BRISBANE

EDITOR'S NOTE

This article appeared in Mr. Brisbane's "To-day" column, running in newspapers throughout the country. It is reproduced here by his special permission. Mr. Brisbane is reputed to be the highest paid newspaper editor in the United States

THIS space will be devoted to telling about a most admirable institution, of which 99,000,000 of Americans know nothing—THE FORSYTH DENTAL INFIRMARY FOR CHILDREN IN BOSTON.

The Forsyths—John, Thomas, James and George—were poor boys. They worked and succeeded. James and George died, leaving to their brothers money to be used for the public good. John and Thomas added wealth

to that of their brothers and established and "dedicated to the children" an institution of infinite beauty, immeasurable value, an inspiration and an incentive to men of wealth everywhere, an example to slothful government and deeply interesting to YOU.

In a beautiful park, given to the children by the Forsyth brothers, just across the Charles river, near Harvard university, stands a magnificent building of white stone. One million and a half the generous men spent on the building, and two millions more they gave to endow that building. The surviving brother, Thomas Alexander Forsyth, living quietly at the Hotel Touraine, in Boston, continues giving his money and his time to the children's welfare—all honor to him.

This beautiful institution represents perfection in wise benevolence.

No child comes to a place of "charity." The word is not pleasant.

Each child—the institution was intended only for the poor—brings 5 cents in its hand, solemnly pays the 5 cents as it enters the most magnificent dental operating room in the world, and that 5 cents pays for the services of the best dentists and highly trained nurses.

The bronze door where the children enter shows, on one side, the White Queen of "Alice in Wonderland," on the other, Uncle Remus' Br'er Rabbit making a stump speech.

The walls of the children's reception room are covered with well-painted fairy stories. In the center an aquarium amuses

the children and takes their mind off their teeth. There is a children's library, and in little chairs, especially made, the children sit, reading story books, while waiting their turn. Can you imagine anything more intelligently benevolent than such an introduction to an ordeal that children dread?

The entire top floor of the great building, with light on all sides, the ceiling 30 feet high, the room without a column or obstruction of any kind contains 64 scientifically made chairs of white enamel, small, for the use of children, placed wide apart. Fifty children sit under the hands of dentists and you hear not a sound, not a cry.

A tiny girl of 6, red ribbon neatly tied around her small pig-tail, walks solemnly out. "Did it hurt you, sister?" asks one of the splendid women in charge of the children. "No ma'am," and the young lady goes out, cared for and protected against trouble later in life.

The child of the richest man in America receives no better care than is given in this institution to the poorest child on payment of 5 cents.

For every child is used a fresh set of 56 absolutely sterile instruments.

After each using the set is again sterilized, kept for three hours in a furnace at a temperature of 325 degrees. Some that require it are boiled; each instrument is individually polished. There are 500 such sets, 28,000 instruments.

Do not imagine that the Forsyth brothers built for the

children philanthropy of child care for self appointed directors

There ninety teeth, no for in scientific institution

It is di means to that even dren are

First, ination, grinding health de order, at per visit.

Next, throat a obstructic tonsils or tion is p surgeons honor be this work

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Forsyth Dental Infirmary

children any one of those little toy philanthropies where a few dozen of children or old parpers are cared for in the greater glory and self approval of a board of directors.

There are now more than ninety thousand children whose teeth, nose and throat are cared for in this most magnificent scientific and philanthropic institution.

It is difficult to conceive what it means to the health of the nation that even ninety thousand children are thus properly cared for.

First, before any other examination, the child's teeth, the grinding machinery on which its health depends, are put in perfect order, at an expense of five cents per visit.

Next, the child is examined, throat and nose. If there is obstruction, adenoids, overgrown tonsils or other growth, an operation is performed, by the ablest surgeons in Boston, who to their honor be it said, gladly keep in this work.

Again, the child pays enough for the surgical operation to take away the idea of charity.

For an operation to remove tonsils the child is kept in the

hospital, in a beautiful sunny room, for a day and two nights. It has the services of a trained nurse, an intelligent matron, and the ablest surgeon for all of which the parents of the child pay \$2.05.

There is a special clinic to relieve suffering of epileptic children. Only a few fortunately know what that means, but how well they know. There is a course of dental prophylaxis in which young women are trained as dentists' assistants, taught the important and neglected art of cleaning the teeth, "scaling" teeth, removing tartar, etc.

First, these young women practice in a special room on sets of false teeth. Later on adults eager for their services. No practicing on the children.

The young women must stay one year; after that they are able to make a good living, and what is more important A MOST USEFUL LIVING.

Every child, before it goes to the large hall for treatment, must enter a special room, where all day long the children are taught how to clean their own teeth. With every visit they go through a "toothbrush drill." The insti-

tution sells the children tooth brushes for five cents each.

When they come several days in succession, with teeth perfectly clean, they receive as reward a small button, which they wear most proudly.

Here is a perfect institution, magnificent and intelligent use of wealth, the success of strong men transformed into help for weak children, to comfort for poor parents and the making of a better race.

At the children's entrance are fairy story doors. At the front entrance two other doors impress truth upon all that enter. On one in bronze is shown a mother holding a young child. Above is written, "the mother, giver of life and love."

On the other door, above an appropriate figure, "the commonwealth, giver of health and learning."

Such an institution as that established by the Forsyth brothers honors the nation as it honors them. They have solved the problem of using well wealth well-earned for the benefit of suffering childhood now, and for the beginning of a better race. Their institution accomplishes this work on a gigantic scale.

Thomas Alexander Forsyth, still giving, fortunately lives to contemplate the noble work of himself and his brothers. He deserves respect and honor at the hands of every American. You, who read this might well write to him, addressing him at the Hotel Touraine in Boston, and telling him that you think so.

Rich men, with money, wondering what to do with it, should in Boston visit the Forsyth institution, a wonderful shrine of intelligent philanthropy. They will find inspiration there.



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An Appreciation of the Late Dr. Theo. G. Lewis

IN assuming editorial control of *The Dental Advertiser* the late Dr. W. C. Barrett wrote: "for two and twenty years *The Dental Advertiser* has been conducted by one man until it had become so identified with his personality that it seemed as if Dr. Lewis was *The Dental Advertiser*. New duties have forced him to relinquish the position that he so long held with credit to himself and profit to the profession." In typography and content it reflected the character of the man.

Dr. Lewis was a remarkably public-spirited man. When he retired from practice he gave his entire professional library to the Buffalo Grosvenor Reference Library and during the succeeding years made yearly donations of value.

The June Bulletin from *The Grosvenor* of this year contains the following mention:

"Dr. Theo. G. Lewis, upon being asked for advice concerning some eight or ten new dental text books, replied that they were good, but not to buy them, as he would present them, which he did."

His love for music led him to maintain an amateur orchestra, which he conducted at his home. Once or twice each year they went to the Buffalo State Hospital and gave a concert to the inmates. Dr. Andrews, the superintendent in those days, assured the writer that following each such occasion for weeks the behavior of the poor unfortunates under his supervision responded with marked improvement both mental and physical.

Many a boy under the doctor's teaching graduated into Buffalo professional orchestras and several are now leaders of the best orchestral organizations.

Dr. Lewis in all his undertakings was most thoroughly painstaking.

While never a prig, the doctor's motives and actions during his long life were ever most exemplary.

Dr. Lewis' discriminating appreciation of all works of art was remarkable. The contents of his beautiful home attest especially to this gift of discrimination.

It is a matter for consolation too that he retained fully all his brilliant faculties to the advanced period of his ever-active life.



Swan

The Latest and Most Colossal of them All

"I will play the Swan and Die in Music"

By EUGENE S. TALBOT, M.D., D.D.S., CHICAGO, ILLINOIS

EVER since the first dental college was started excuses have been made by the members of the faculty and graduates for their shortcomings. The swan, according to the old myth, when about to expire of senility, sang for the first time. This song is that which marks many of the deficiencies in dental education.

Swan songs differ according to the object to be attained. Some of them are cut-and-decadent answers to a question that may be put to a teacher of a dental school in regard to improvement or advancement in dental teaching and are intended to squelch further discussions along dental lines. All are intended to prevent dental educational progress.

These swan songs are sung in national, state and local dental societies and become so familiar with the members of the profession that it makes no difference whether you meet your professional brother on the coast of Maine or on Pike's Peak if you make a suggestion in regard to the advancement along any line of dental education you invariably receive the same answer. Argument is wholly out of the question. Indeed from the teacher's point of view the song has been sung and that is the end of it.

To those interested in the progress of dental education the contrast of methods of instruction between medical and dental colleges becomes more apparent from year to year. The question of the dental college degeneration naturally presents itself. The two students enter upon their lives equally endowed. The medical student gradually advancing upward in intellectual ability while the dentist starts downward and finally becomes a first class mechanic capable of joining a trade's union.

From time to time these swan songs have been taken up by me and ridiculed to the extent that we rarely hear them sung at the present time. There is one, however, that has survived, the latest and most colossal of them all—and was intended to perpetuate the low order of teaching in the commercial dental schools and to increase the attendance in the dental colleges for commercial purposes.

About 8 or 10 years ago a good mathematician in the profession compiled the number of cavities in the teeth of a given number of school children. Obtaining the average, he multiplied that by the 105,000,000 people in the United States. Having ascertained the

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Songs

number of cavities one dentist could fill in a year he figured that it would require many hundred thousand dentists to take care of all the people in the United States.

This tremendous number of dentists could not be turned out by the present methods of teaching. The mills of the gods ground too slow. The deans of some of our best schools conceived the idea of letting down the bars for admission and shortening the number of terms so as to run the students through the mills much faster and cheaper to fill this supposed requirement, reasoning that most of the human race were too poor to pay the prices of present graduates who are required to pay so much for their college education and spend so much time.

This reasoning reminds me of a story told in Massachusetts sixty years ago. An old maid sitting before a wood fire one cold winter evening began to cry as if her heart would break. A neighbor calling upon her asked what was the matter. The lady said she had been sitting before the grate fire all alone and had been thinking if she should have a baby and while holding it in her lap it should fall into the fire and burn all up, what should she do? Bohoo, bohoo, bohoo!

I have never heard of an instance in this country where

policemen or a company of soldiers were required to stand at the door of a dental office to keep the patients in line. I have traveled the country over on my vacations and have never seen an itinerant dentist as of old passing from one town to the other hunting for cavities to fill or teeth to extract. It appears to me that supply and demand will take care of themselves.

Fortunately the exposure of the medical profession in the past few years of our ignorance in relation to pathology has in a measure dampened the ardor of our teachers in the thought of putting on more steam, causing the mills of the gods to grind faster and faster for commercial purposes. The swan song is still being sung; I have heard it twice within the past year. It is becoming fainter and fainter, however, which shows that the poor old swan is nearly dead so far as this song is concerned.

I cannot close this paper better than by quoting from an address of Owen Wister on "Our Country and the Scholar" before the Harvard Association at Cambridge, Mass. He says, "If American scholarship is to attain any luster, the college bird of paradise must become the bird of midnight oil and the bird of midnight oil must come out into the light and get some fresh air."

Ten Years After

By CORDELIA L. O'NEILL, Cleveland, Ohio

ALARGE national building was being constructed. The concrete forms, of wood, were put in place. The concrete was poured into the wooden molds. When it had hardened sufficiently, the wood, no longer needed, was broken away and there remained the firm, enduring walls, ready for service.

The above typifies the work of the Cleveland Marion School experimental class of 1910-1911. Though not members of the dental profession the teachers, pupils, nurse and educational expert undertook to demonstrate the value of mouth hygiene to educational development.

They were under the direction of the Oral Hygiene Committee of the National Dental Society of which the late Dr. W. G. Ebersole was chairman.

The story has often been told and need only very briefly be reviewed here. Forty children were selected from a school of eight hundred forty-six pupils. These particular children were chosen because their dental charts showed the worst oral conditions of all the children in the school.

They were given a psychological test, then were assigned to the dentist and nurse. Their teeth were put into good condition. Rigid rules were laid down for securing regularity in cleaning the teeth, proper mastication of the food, and the necessary duties to secure healthy oral conditions.

If a child failed to perform the required tasks he was dropped

from the class. At the end of fourteen months twenty-seven children had lived up to every requirement. A second psychological test was given during the time of treatment and a third one at the close.

When a comparison was made it was found there had been an average increase of 99.8 per cent in their mental test. Their health and appearance improved greatly and there was a marked change for the better in their conduct.

Ten years ago the psychological tests were comparatively new and very little used. Today, with the wider and more general application of the tests, the result is more commonly understood and appreciated. As is always the case, knowledge and understanding kills suspicion, doubt, and prejudice. The one point we set out to prove was demonstrated beyond question, i. e., that a correct mouth hygiene practice would improve educational results. The experiment clearly brought out an increase in mental, physical and moral growth in each child.

So far as we could learn, it was the first experiment of that kind made in our country. Since then many others, varying in extent as to purpose, kind and effort, have been made with similar outcome. The statement made at that time, that heart, lung, muscular and intestinal troubles could, in many cases, trace their origin to diseased oral conditions, though questioned, doubted, refuted and ridiculed, is now accepted and the

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pendulum has in some cases swung too far the other way and too great an emphasis is being placed on mouth conditions by some.

When we made our experiment in 1910 the number of cities giving official attention to the necessity of dental service in the schools were fewer than ten. Today practically all the larger cities and hundreds of smaller places have some form of established, standardized method of providing young Americans with proper knowledge and habits of mouth hygiene. So our little group provided the "concrete forms" into which was poured the establishment of dental hygiene in the schools.

Mouth hygiene is now a fixed, solid, enduring institution. We served our purpose and can be broken away and discarded but the structure will remain strong and firm.

When our report was made at the National Convention some dentists thought we were not as enthusiastic as the occasion justified. We said that if mouth hygiene was as well thought-of ten years hence as it was then we would rejoice. It is needless

to say our enthusiasm now knows no bounds.

That work would not have been accomplished had it not been for the intelligent foresight and tireless efforts of the really great and far-seeing leader, Dr. W. G. Ebersole.

It must have been a satisfaction for him to have lived to see the results of the mouth hygiene movement.

Today in Cleveland not only is it a recognized activity in the school system but the local Mouth Hygiene Association is a member of the Welfare Federation and is financed through the budget of the Community Chest.

The standard of dental equipment and housing set by Mr. Charles Orr, who was Director of the Schools at the time dental work was begun contributed in no small measure to the dignity and stability of the work. His vision of the outcome set a pace that no belated generosity or lavishness could ever build up.

We believe the last decade has held no greater educational growth in our country than that brought about by the Mouth Hygiene movement. This is our view of the situation TEN YEARS AFTER.

A New Dental Clinic in Florida

Through the efforts of the Tampa District Dental Society the County Commissioners of Hillsborough County at their regular meeting on December 17th, 1920, appropriated the sum of \$1,500 to establish the first free dental clinic in the county.

Members of the dental profession have pledged themselves to donate their services gratis when called by the District Nurses Association, the latter having charge of all the free clinics.

Pyorrhea Alveolaris

By W. W. SHARTEL, D.D.S., LOS ANGELES, CALIFORNIA

PYORRHEA alveolaris is a name which we accept to designate a certain trouble in the mouth. Much has been written and much discussion has taken place regarding this disease, and yet a real or proper solution has not been advocated which would seem to cover the ground or give us the foundation on which to build our treatment.

many ways to the calculus of ordinary deposit.

This particular scale is the work of the real micro-organism responsible for the pyorrheal troubles.

This scale, as we may call it, has been found strongly adhering to the ends of roots, surrounding the apical foramen, in teeth where the nerve had been removed

"As to the conditions fostering or predisposing, and the ailments resulting from pyorrhea; each case must be handled purely on its own merits."

In tabulating and treating this disease for more than twenty years there are several factors standing out which strongly lead us to the bacteriological side of the theory that there is a specific cause. While the micro-organism may yet remain unidentified, as is the case with many other diseases, we must, until such isolation, treat the condition from the standpoint of close investigation.

Observation has taught us that there is a specific scale or encrusted material deposited on the roots of the teeth, differing in

and roots filled. Under close examination these nodules of scale had no outlet or direct connections with the free margins of the gums. In these cases it is assumed that the infection was allowed to gain access to those particular points during the time of root canal treatment.

In each case it was noted that pyorrheal conditions existed in the mouth at the time of this work in the canal. In fact there was no other way in which such characteristic deposits could have originated in that particular re-

gion and justify

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gion and caused the trouble to justify extraction.

In ordinary cases of pyorrhea, the specific scale deposits are first noticed under the free margins of the gums and, from there, they burrow to the greater depths and finally surround the ends of the roots; this form is easily traced from the open surfaces inward and, as the disease progresses, the periodontal membrane and adjacent alveolar process is destroyed which, in time, allows the loosening of the teeth.

This has in many instances given rise to the idea that the scale is not the true work of micro-organisms, but when the real infection can be traced to improper root canal treatment, and the deposits surrounding the apical foramen have no connection with the outside, we are forced to the conclusion that the trouble is purely as described.

There are several predisposing causes for pyorrhea, among those to which we can point are: lack of attention to the cleansing of the teeth, calcareous deposits, uric acid conditions, malnutrition, stomach and intestinal troubles—in fact anything which lessens the vital resistance of the tissues of the mouth past that degree which allows the pyorrheal organisms to gain a foothold.

After they have once gained their entrance, and have established themselves, they then continue along their own lines of destruction. They then, in their own operation, cause their own systemic disturbances, producing neuritis, rheumatism (a misnomer), brain disturbances, tonsillar and throat troubles, stomach

and intestinal diseases, and many other ailments.

In true pyorrheal cases there is pus present, and as pus seldom contains a single family of bacteria, mostly two or more varieties, we have no room left to doubt the ultimate effects on the human who carries them. This fully accounts for the varied troubles arising where pyorrheal conditions exist.

While we do not contend that all so called rheumatism and other ailments are dependent on pyorrhea as a cause, we do rightly say there are many which are, and close study of cases has borne this out fully.

The poisonous results may center in almost any portion of the body and work their evil. Under actual observation several cases of sciatic troubles have completely cleared up where the pyorrheal conditions of the mouth were corrected. Some of these sciatic cases were in progress for more than four years, and resisted all other lines of treatment.

Then again two distinct cases were under observation where the focal infection centered in the brain.

In both these cases the attending physicians were warned that the true condition originated in the pyorrheal mouth, and that they would lose the patients. This idea was made light of by these brain specialists until they did lose both.

We believe that much depends upon the virulence of the infection and the power of resistance in each individual case as to the degree of resultant troubles shown.

In treating pyorrheal troubles we have taken into full consideration the fact that the constitutional strength or condition of the patient is of vital importance.

Where any weakening factors exist to lower the vitality they must be corrected or the pyorrheal treatment will not be successful.

However there are many cases in which no other than local treatment is required; all troubles rapidly clear away during the

progress of proper local treatment. But where this is not the case other methods to fit the case must be employed.

As to the conditions fostering or predisposing, and the ailments resulting from pyorrhea: each case must be handled purely on its own merits.

But the fact remains that pyorrhea is a distinctive disease with its predisposing causes as well as resulting injuries to other parts of the human being.

No Train, So Sufferer Takes Aeroplane to Dentist

OMAHA, Neb., Jan. 29.—William Peterson, a wealthy farmer of Little Sioux, Ia., fifty miles from Omaha, came to this city in an aeroplane to-day to get rid of a toothache. He succeeded early this morning. Peterson telephoned an Omaha dentist and asked that an aeroplane be sent for him, as there was no train until afternoon, and he was suffering terribly with a toothache.

An aeroplane was sent to Little Sioux. Peterson was picked up and brought to Omaha. The dentist pulled the aching tooth and sent Peterson back home in the plane.

"It was expensive, but it was worth any price to get rid of that tooth," said Peterson.

Dr. Cooper Endorses School Book Campaign

Dear Dr. McGee:

It is a little late, but I am writing this line to thank you for the bouquet which you so generously handed to this department in an editorial entitled "Good Sense" in the December issue of ORAL HYGIENE.

I also want to take this means of expressing my appreciation of an editorial you had written in the November number entitled "School Physiology—A New Chapter," and I wish to shake your hand in saying "this is not a revolution, but is simply a development." If we can ever get all the people, especially the schools, to really inform themselves on this whole subject, the battle will be won.

Yours sincerely,

G. M. COOPER, M.D.,

Director North Carolina State Board of Health,
Bureau of Medical Inspection of Schools.

Raleigh, N. C.

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Indiana Dental College In New Home

INDIANA Dental College is now in its new home at the corner of Pennsylvania and Walnut streets directly across from the site of the State Memorial Building to be occupied by the National Headquarters of the American Legion and within a half block of the James Whitcomb Riley Public Library.

The building is thoroughly modern and suited in every way for the teaching of dentistry and is in the center of a great population from which the clinic is drawn and of easy access to all parts of Indianapolis.

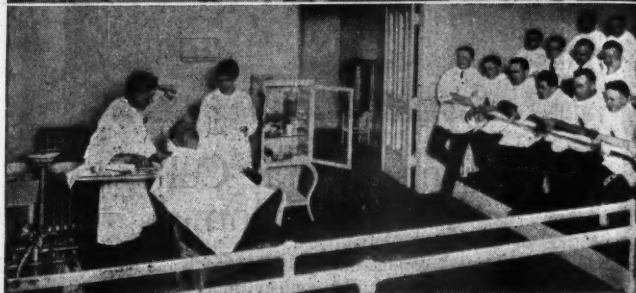
Indiana Dental College was founded in 1879 by a group of dentists, members of the Indiana State Dental Association, in response to a demand for an institution in which the young men of Indiana and neighboring territory might be educated in the science and art of dentistry.

These men gave unselfishly and unsparingly of their time and money and the work which they so nobly began has been carried on by the profession of Indiana through these many years.

The Alumni of this school are to be found in every quarter of the globe and, by all accounts, have acquitted themselves with honor to the profession and the school from whence they came.

Many well known names are to be found in the roster of faculty and alumni. Among the Faculty members of the past might be mentioned P. G. C. Hunt, J. E. Cravens, John H. Oliver, A. C. Kimberlin, F. C. Wynn, Frank Morrison, T. S. Hacker, Alex Jameson, D. L. Stine, C. E. Ferguson.

Jno. N. Hurty, State Health Commissioner has held the chair of Chemistry for thirty years and is a member of the Board of



From top to bottom: Chemical Laboratory; Oral Surgery; Biological Laboratory; Clinic.

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Directors. Col. Robt. T. Oliver up to the time of his entering the Army Dental Corps was Professor of Prosthetic Dentistry.

Jno. Q. Byram, whose book on Ceramics is still the best authority, gave his whole professional career as a teacher in this school.

Howard R. Raper, author of *Elementary and Dental Radiography* spent ten years as a teacher in the school.

Geo. Edwin Hunt, first editor of ORAL HYGIENE and author of

many texts and theses in Operative Dentistry and Oral Hygiene and one of the best known dental Educators was Dean and Professor of Operative Dentistry for twenty years prior to his death in 1914.

Among the names well known to dentistry in the present faculty are David A. House, Carl D. Lucas, Steele F. Gilmore, Wm. E. Kennedy, Milus M. House, Chas. R. Jackson, E. D. Cofield. F. R. Henshaw is Dean of the Faculty.

Thank You for Thanking Us!

Editor ORAL HYGIENE:

We wish to thank you for so generously supplying us with ORAL HYGIENE during the past year, and would be pleased to continue receiving same during the coming year.

Very truly yours,

MRS. J. P. SMITH,
Ass't Librarian.

Northwestern University Dental School,
Chicago, Illinois.

The First Dental Magazine to See the Light

Editor ORAL HYGIENE:

Permit me to congratulate ORAL HYGIENE upon the establishment of the Department of Pedodontia which I observed in the Anniversary Number. It is a fitting close to ten years of progress and it is also right and proper that ORAL HYGIENE should be the first dental magazine to see the light of the dawn of a new era in dentistry, when children's dentistry shall come into its proper place in the profession, and receive the attention it deserves.

Permit me also to congratulate you upon your choice of an editor for this department. We, who have worked with him and know him, do not believe you could have made a wiser choice throughout this land of ours, for he knows and loves children as few men do.

Wishing the new Department every possible success, I am,

Sincerely yours,

PAUL A. BARKER, D.D.S.

Denver, Colorado.

The Relation of Oral Hygiene to Man and His Community in Its Widest Application

By V. A. LATHAM, M.D., D.D.S., CHICAGO, ILLINOIS

ORAL HYGIENE celebrates its tenth anniversary and has evidently come to stay, and point out that, though young in literature, it is not so in action or subject.

When one looks back over these years, it is to wonder if we have really accomplished what we set out to do, namely, to improve the health and so the welfare of the people and the state. This is difficult to answer in view of the diverse troubles the world has been through, and yet perhaps it was one method of showing how sadly all countries were lacking in oral hygiene in its broadest sense.

Possibly in no other way could the statements so often made—and, I regret to say, disbelieved by some—have received greater proofs of the *vital importance of the subject* than through the stress of war.

The best running obtained from a machine is when it is in absolutely perfect order—plenty of oil, fuel, air in right proportions, circulation, water, lubrication and a thorough understanding of its mechanical functions.

This is just as true of the human body and of greater value and usefulness to man, the community and the state. Hence, the best care and work is none too good to guard that which no man can fashion as he may wish, for

Divine creation exceeds our limit of power. It is only possible to barely touch this subject because it covers so many points under the heading of oral hygiene—the education of both subjects (child and adult), the training of students and professional workers, the topics of their curriculum such as physiology, chemistry, bacteriology, histology and pathology, to say nothing of the science of medicine and its accessories, the creation of the dental nurse, formation of free institutions, where these are trained to assist the dentist and the laity, special drill classes for practical study in tooth brush work, which is really the cleaning time of all the oral cavity and its contents.

To this should be added the need of proper dressing in simple ways to command neatness, uniformity, lessening of jealousy and expensive habits among boys and girls, increasing of moral tone and resistance of temptation and the power to decide right from wrong and not be afraid to say, "No" and stick to it, the need for instruction of body cleanliness and functioning and its dependence on properly balanced rations in food and so preventing what seems to me one of the great evils of the times, *carelessness in regard to elimination of skin, kidneys and bowels.*

Many cases of oral factor are

due to this when teeth and tonsils are blamed. I have always been surprised at the great dislike children, even to puberty and after, evince toward eating *fresh* vegetables and have tried to find the reason.

Is it because many mothers neglect home cooking of garden stuff and use so many canned goods, these being less trouble to prepare?

Most youngsters prefer sweets, ice cream and pastry at lunch hours and the business men are also guilty of such meals and of hurry in eating.

Fletcherism is still needed and a pleasant way is to have parents assign a topic at the table and discuss it and let Bill understand he need not come and whistle Bob or Tom from under the window or down the street.

Here again is a difficulty with hotel and flat dining-rooms—and the help expecting a hurry-up meal.

Competition among troops in Scouts and Campfire Girls for neat appearance and dental care might stimulate better results.

To those firms who insist on good teeth in their employees much credit must be given—but we need more.

The same is true of hospitals and many are not sufficiently staffed, if at all.

One fault is the idea that an oral surgeon is needed when only a general dental practitioner, who would and could examine nurses and patients and teach them thorough hygienic work is mouth cleansing, is really needed.

Many surgeons and physicians are still to blame for operating

without the digestive and oral tract having been put in order. Some hold the belief that the intense purgation and toilet just immediately before operating creates a lessened resistance to bacteria and some cases show temperature and reaction due to the mental psychology and irritation of the thoughts of operation and treatment with a considerable loss of sleep. This last has been shown to be one of the best aids for recovery in shock and operation results.

The cost of loss of life from war and its devastating diseases brings up the hygienic problem of child welfare, maternal care, industrial diseases, ventilation and home buildings, physical culture and recreations.

Carelessness in the teaching of the use and care of lavatories is surprisingly great, and with all the venereal social lecturing is something that should be emphasized.

It is true in schools—city and rural—depots, railroad trains, farms and homes and cities and business plants. It is criminal that such bad and disgraceful toilet facilities are provided.

This leads to neglect in caring for bodily functions and produces auto-intoxication, acidosis, passive congestions, skin diseases, gastric, renal, biliary intestinal troubles, oral factor, faulty perspiration and general intoxication, so that even the teeth and eyes suffer from hyperaemia and dead pulps and calcific depositions are found.

Oral derangements, including orthodontia, caries, gingivitis must be watched from six months till

the twentieth year, for developmental conditions are present in all bodily structures. Many forget the importance in youth of the chemical physiology of the parathyroid glands and as we can all see, more pathology is being needed for this increased number.

Heart conditions are increasing rapidly due to wrong modes of living and the stress of keeping up with the times, late hours and movie shows.

Young children need and should have a complete relaxed period for rest or sleep.

Rest and quiet is necessary to all, and so is sleep and plain wholesome food and clothes. Hygiene, whether for oral work or not, needs commonsense shoes and less crippling of ankles and feet, which cause pelvic and back displacements and even a wrong placing of the jaws through stress, faulty position in carriage and irritability.

Fatigue and worry injure digestion, faulty biochemistry follows and caries of the teeth and often acute gingivitis and chronic pyorrhea, gastric, intestinal, pancreatic, biliary insufficiency are important consequences of a dietary too rich in starch, and too poor in vitamins and other essential food constituents.

Some of the obscure metabolic disorders of childhood may be studied from this cause. Food for the growing school child has been greatly improved by the coöperation of our women's clubs with the school luncheon authorities, but they need more lectures on dental subjects, and nowhere can you prove the state-

ment better than by seeing these children improve.

Chicago, Boston and Philadelphia all work along these lines and many a child has gained in health.

Ricketts is well known as well as marasmus—as a slum disease—but lately the better homes show a great increase, therefore can we prevent dental caries if food as well as fresh air is not added to oral hygiene?

The apparent connection between vitamins and internal secretions is of consequence in our vast social and economic studies. When we realize that millions of children in schools suffer from malnutrition, not only in countries where food is hard to obtain, but in lands of plenty, we must undertake the study for the good of mankind.

The time to treat a human being for constitutional defects is in his childhood, not after manhood has confirmed his physiology in its bad habits.

The formative period of man's life determines the rest of his existence and his chances of success and health are greatly increased by the treatment he receives while young.

Discipline has been lost sight of in homes and school, the total lack of respect in manners, courtesy and honor is greatly to be deplored. The child who cannot obey without questioning those whose duty it is to guide, keep, help and teach, certainly will not as a rule become a leader.

The control of passions, the need of education, the changing in the unions of graded pay according to skill and experience,

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technical training and the right to live in a decent city which guards its citizens from crime and vice and gives a just return for taxation will keep a man striving for better things.

Community welfare is honor, a clean vigorous body and mind, decent environment all lead to better citizenship.

Do not blame the immigrant when he, believing in freedom, equality and democracy, finds so many unhygienic slums, and absolute indifference to order, no respect for parents, teachers, home or government, the idea of pleasing only themselves, no courtesy, crime, graft, vice rampant with unequal enforcement and often unjust laws, using of people's money for wrong purposes by

state and city officials.

These soon lead to negligence through indifference and laziness and we increase our burden of poverty, crime, bad hygiene, both oral and general.

This country offers golden opportunities for those willing to work—but don't lessen ambition and right living by burdening the worker with multiple laws, electing politicians and bad executives. Improve and unify state registration laws.

Keep one standard of morals and encourage skilled workers for the improvement of men and country and we will soon have true Americanization by election: through people's vote, without money graft, for their country and mankind.

Likes Fred Starr's Articles

Editor ORAL HYGIENE:

Thoughts kept to one's self help none. It is with great pleasure I commend you for the November issue of ORAL HYGIENE. I congratulated Brother Starr personally for his articles. Please don't allow the wisecracks to deter you in such a policy as your magazine has exhibited lately.

Sincerely yours,

Yonkers, N. Y.

BERTRAM BALL, D.D.S.

Codification of Dental Hygienists Acts

By ALPHONSO IRWIN, D.D.S., Camden, N. J.

August 30th, 1920

ALABAMA

[Approved September 29th, 1919.]

"Be it enacted by the Legislature of Alabama:

DEFINITION,—DUTIES.

Section 1, (A) 38th line: 'and any person shall be said to be practicing dental hygiene within the meaning of this act who shall remove deposits, accretions and stains from the exposed surfaces of the teeth and polish same; provided, that nothing in this act shall interfere with the employment of a dental hygienist by a licensed dentist or public institution or school or hospital under the general direction of a licensed dentist.'"

In the work of revising the general Dental Laws of Alabama, the Legislature of that state in 1919 made the following amendment in regard to legalizing the work of Dental Hygienists in the dental profession:

Section 29. Any person who shall hereafter desire to practise dental hygiene in this State shall pass an examination given her by the Board of Dental Examiners of this State under such rules and regulations as said Board deems fit and proper to formulate. The fee for said examination shall be ten dollars, and any applicant failing to pass said examination shall be entitled to take a re-examination at the next regular examination of the said Board, at which time she shall be exempt from the payment of the examination fee. The said Board of

Dental Examiners shall issue certificates to practise as dental hygienist in this State to those who have successfully passed said examination; provided, however, that no person shall be entitled to take said examination unless said applicant shall be a woman, and shall be twenty years of age, of good moral character.

Every person receiving a certificate to practice dental hygiene in this state from the said Board of Dental Examiners shall pay a certificate fee of five dollars to the said Board for each certificate or duplicate certificate issued, and on or before the first day of October of each year every licensed dental hygienist shall register his or her certificate with the said Board, according to regulations formulated for same by said Board, and shall receive from said Board a certificate of such registration, which certificate of registration shall be her sole authority from said Board to practice dental hygiene in this State, and an annual registration fee of one dollar shall be paid to said Board for such annual registration certificate. In case of default in payment of such fee of one dollar for a period of sixty days, said license certificate shall be automatically revoked; provided, however, that the payment of such fee of one dollar after the expiration of such sixty days, with an additional sum of five dollars, shall restore said license certificate. All laws and parts of laws, either general

or special, in conflict herewith are hereby repealed.

Approved September 29, 1919.

COLORADO DENTAL HYGIENIST ACT—1919

SECTION 2075, Seventh line: "Any person twenty years of age or over, who submits to said board satisfactory evidence of having received the course of training for dental-hygienists recognized by it as standard may, upon payment of ten dollars (\$10) which shall not be returned, be examined by said board at such times and under such rules as the board may prescribe, in the subjects considered by said board as essential for a dental-hygienist, and all who are found qualified, if of good morals and character, shall receive from said board a license to remove deposits, tartar, accretions and stains, from the exposed surfaces of the human teeth, in public schools and other public institutions and in charitable institutions and in the offices of licensed dentists, but only under the supervision of a duly licensed dentist; and it shall be unlawful to employ any person to do anything other or different or further in dentistry than his license permits, or to allow the same; and each licensed dentist and dental-hygienist shall keep said board informed as to the town, county, street and number, or building and number, of his place of practice or places of practices, if more than one, and if employed upon a salary and not practicing for himself by whom employed, and if employing one or more licensed dentists or dental-hygienists, or both, the name and address of each.

"Provided, that where charges in writing, duly verified shall have been or shall be preferred by any person or persons against

any dentist or dental surgeon licensed or hereafter to be licensed in this State, the Board after first forwarding due notice, in writing, accompanied by a copy of said charges to such dentist or dental surgeon at his last known address, shall have the power upon a hearing at the time and place fixed in said notice, such time to be at least twenty days subsequent to the mailing of such notice, to revoke and annul any license of any dentist or dental surgeon or dental-hygienist, procured through fraud, deceit or misrepresentation, or for gross violation of professional duties, or for incompetency, immorality or being under the influence of liquor, in or about professional duties, or for the habitual use of drugs, or for the conviction of a felony, or for permitting anyone unless duly licensed to practice dentistry or dental-hygiene under him or with him or in his employment. No person whose license has been revoked or annulled shall be relicensed within one year thereafter and then only upon sufficient assurance to said board of correct practice in the future, and a second revocation or annulment of any license shall be perpetual. Upon the hearing on a revocation or annulment, said board and the members thereof shall have the power to administer oaths and hear testimony.

"And to subpoena witnesses and to have all proceedings upon such hearings, including the testimony, made a matter of record, and all of such proceedings shall be made a matter of record, and upon such hearings, the party being heard may appear in person and by counsel and present in his behalf such evidence, argument and authority as he may desire. The action upon such hearings by the State Board of Dental

Examiners may be reviewed by the District Court of the State of Colorado, in the proper district, by writ of certiorari under the code of civil procedure."

(Section 2, Act of 1919.)

CONNECTICUT DENTAL COMMISSION.

DENTAL (HYGIENIST) ACT.

In Effect July, 1917.

SECTION 12. "Any registered or licensed dentist may employ women assistants, who shall be known as dental hygienists. Such dental hygienists may remove calcareous deposits, accretions, and stains from the exposed surfaces of the teeth and directly beneath the free margins of the gums, but shall not perform any other operation on the teeth or mouth, or on any diseased tissues of the mouth. They may operate in the office of any registered or licensed dentist, or in any public or private institution under the general supervision of a registered or licensed dentist. The dental commission may revoke the license of any registered or licensed dentist who shall permit any dental hygienist operating under his supervision to perform any operation other than that permitted under the provisions of this section. On or after July 1, 1917, no dental hygienist shall be permitted to practice who has not registered with the recorder of the dental commission, unless such person shall pass an examination prescribed by the dental commission. The fee for such examination shall be ten dollars. Any applicant failing to pass such examination shall be entitled to a re-examination at the next meeting of the commissioners without additional cost, and for any other additional examination a fee of five dollars shall be paid.

The dental commission shall make such rules and regulations as may be necessary for the examination of dental hygienists. Said commission may issue its certificate to any applicant therefor who shall furnish proof satisfactory to said commission that she has been duly licensed to practice as a dental hygienist, in another state after full compliance with the requirements of its dental laws, provided her professional education shall not be less than that required in this state. The dental commission may revoke the registration and license of any dental hygienist violating any provision of this act.

RULES AND INSTRUCTIONS TO APPLICANTS FOR LICENSE TO PRACTICE DENTAL HYGIENE.

Every applicant for a license must fill out an application blank which, together with her license fee—Ten Dollars (\$10.00), must be returned to the Recorder of the Dental Commission at least one week before the day upon which the examination is to take place. Blanks can be obtained from the Recorder.

Temporary permits to practice dental hygiene pending the regular examination will not be issued.

PRACTICAL EXAMINATION.

Each applicant must bring a patient upon whose teeth *tartar deposits* can be distinctly seen. The patient must have at least twenty-four (24) natural teeth present in the mouth. No attempt must be made to cleanse the mouth previous to the examination.

The examination will consist of: (a) Scaling and polishing the teeth of this patient; (b) In-

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structing the patient on the home care of the mouth, including instruction in the use of the tooth brush; (c) Oral quizzing by the examiners.

The applicant must come provided with suitable instruments and accessories, including two tooth brushes, to perform the above-mentioned operations.

Chairs, tables and cuspidors only will be furnished by the Commission.

THEORETICAL EXAMINATION.

(1) Anatomy; (2) Physiology; (3) Dental Histology; (4) Bacteriology and Sterilization; (5) Dental Caries and Malocclusion; (6) Oral Prophylaxis.

Applicants should bring such pens as they prefer, as answers are to be written in ink.

Edward Eberle, D.D.S., Recorder. 902 Main Street, Hartford, Conn.

IOWA.

Dental Law Approved

April 23, A.D., 1917.

DENTAL HYGIENIST: SEC. 3—Women Eligible as Dental Hygienists. "Any woman over eighteen years of age and of good moral character, whose preliminary education is equivalent to two years in a High School, and is a graduate of a training school for dental hygiene, requiring a suitable course of not less than one academic year of at least nine months, and approved by the State Board of Dental Examiners, may, upon the payment of Ten Dollars (\$10.00) be examined in the subjects taught in any such approved course for a license to practice as a dental hygienist, by the State Board of Dental Examiners, and if her examination is satisfactory to said Board, she shall be licensed as a dental hygienist by the State Board of

Dental Examiners, and given a license allowing her to remove lime deposits, accretions and stains upon the exposed surfaces of the teeth, and directly beneath the free margins of the gums, but she shall not otherwise engage in the practice of dentistry as defined in section twenty-six hundred—0 (2600—0), supplement to the code of 1913; provided, however, that all such work shall be done either in a dental office, or in a public or private school, or in a public institution and under the supervision of a licensed dentist of this state. Any woman not a graduate of a training school for dental hygienists, but who has the other qualifications, and who has had, prior to January 1, 1917, at least five years' practical experience in dental hygiene work in a dental office under the direction of a dentist licensed in that state, may, by complying with the statutory provisions regulating such matters, take the examination required of a dental hygienist; provided, however, that application for such examination be made within one year from the date this law becomes effective. If her examination is satisfactory to said Board, she shall be licensed as a dental hygienist.

"Any applicant who fails to pass the examination, shall forfeit the fee paid by her, but will be entitled to one re-examination at any future meeting of the State Board of Dental Examiners, free of charge, but for each subsequent examination she shall pay ten dollars (\$10.00)."

MAINE DENTAL LAW PROVIDING FOR DENTAL HYGIENISTS, Effective after January 7, 1918.

An act allowing dentists to employ women assistants who shall be known as dental hygienists.

SECTION 1. Any registered or licensed dentist may employ women assistants who shall be known as dental hygienists. Such dental hygienists may remove lime deposits, accretions, and stains from the exposed surfaces of the teeth and directly beneath the free margin of the gum, but shall not perform any other operation on the teeth or mouth or on any diseased tissues of the mouth. They may operate in the office of any registered or licensed dentist or in any public or private institution under the general supervision of a registered or licensed dentist. The State Board of Dental Examiners may revoke the license of any registered or licensed dentist who shall permit any dentist hygienists operating under his supervision to perform any operation other than that permitted under the provisions of this section.

SEC. 2. No person shall enter practice as a dental hygienist in this state until she has passed an examination given her by the Board of Dental Examiners of this state, or a sub-committee of said board which it may appoint, under such rules and regulations as it may deem fit and proper to formulate. The fee for said examination shall be ten dollars, and any applicant failing to pass said examination shall be entitled to one additional examination without further cost. The fee for each re-examination after the first shall be five dollars. The said Board of Dental Examiners shall issue certificates of ability to practice as dental hygienists in this state to those who have passed said examination, which certificate shall be displayed in a conspicuous place in the room or rooms in which she practices; provided, however, that no person shall be entitled to such certificate

unless she shall be eighteen years of age, of good moral character, and shall have had an education equivalent to that attained by one year's attendance upon the class A high schools of this state as defined by section seventy-three of chapter sixteen of the Revised Statutes, and unless she is a graduate of a reputable training school for dental hygienists or shall present a sworn statement by a dentist licensed to practice dentistry in his state that she has completed a course of at least six months' training as a dental hygienist under him. Said certificate shall be considered a license to practice as a dental hygienist in this state, except that it shall be unlawful for any person to practice as a dental hygienist in this state in any year after the year in which said certificate is issued to her, unless she shall pay to the treasurer of the State Board of Dental Examiners on or before January 1st of said year a fee of one dollar, for which she shall receive a registration card, which card shall be placed beside or attached to the certificate above mentioned.

SEC. 3. The Board of Dental Examiners of this state may at its discretion without the examination as herein above provided, issue its certificate to any applicant therefor who shall furnish proof satisfactory to said board that she has been duly licensed to practice as a dental hygienist in another state after full compliance with the requirements of its dental laws; provided, however, that her professional education shall not be less than that required in this state. Every certificate so given shall state upon its face the grounds upon which it is granted, and the applicant may be required to

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furnish her proof upon affidavit. The fee for such certificate shall be ten dollars.

SEC. 4. All acts and parts of acts inconsistent herewith are hereby repealed.

Approved April 7, 1917.

MICHIGAN:

DENTAL HYGIENISTS' ACT—1919.

Dental Hygienist: House Enrolled Act No. 242, Session of 1919.

SECTION 11a. Any person legally licensed to practice dentistry in this State may employ one or more assistants who shall be known as dental hygienists. Any person desiring to qualify as a dental hygienist in this State under the terms of this act shall be at least twenty years of age; shall be a graduate of an accredited high school in this State, or a school of like and equal standing in some other state or foreign country, or the full equivalent of such diploma in actually earned units; shall have earned a diploma or certificate of graduation from a reputable school for dental hygienists; shall be required to successfully pass such examination at such time and place as the dental board of this State shall prescribe; the fee for such first examination shall be ten dollars. Any applicant failing to pass such examination shall be entitled to a re-examination at the next meeting of examining board without fee; Provided, that for any other additional examination a fee of five dollars shall be paid. Any person licensed as a dental hygienist in this State may remove calcareous deposits, accretions and stains from the exposed surfaces of the teeth and may prescribe or apply ordinary mouth washes of sooth-

ing character, but shall not perform any other operation on the teeth or mouth or diseased tissues of the oral cavity. Such hygienists may operate in the office of any legally licensed dentist in this State or in schools or in any private or public institution, provided such person shall be under the direct or general supervision of a legally licensed dentist of this State. The dental examining board, acting in accordance with the procedure covering revocation of licenses, cited in section four, may revoke the license of any hygienist for the violation of any provisions of this act or may revoke the license of dentists in whose office such violation occurs, regardless of any instructions the dentist may or may not have given such hygienist or whether said hygienist is actually in employ and pay of the dentist in whose office such person operates or not. Every dental hygienist of this State shall on or before May first of each year pay to the secretary of the dental examining board a fee of fifty cents. The year for which such fee shall be due and the procedure for non-payment of same shall be the same as for regular dentists as provided by this act. The secretary of the dental examining board shall keep a separate set of records of the registration of dental hygienists in this State. The dental examining board shall have power to determine what shall constitute a reputable school for dental hygienists and shall have the power to examine the course of study, equipment and all the facilities to be found in any school for (dental) hygienists in this State. But no such school shall offer a course of study of less than one (school) year of nine months.

MASSACHUSETTS:

DENTAL HYGIENISTS' ACT: 1917.

SECTION 11. Any person of good moral character and twenty years of age or over, who is a graduate of a training school for dental hygienists requiring a course of not less than one academic year and approved by said board, or who is a graduate of a training school for nurses and has received three months' clinical training in dental hygiene in any such training school for dental hygienists, may, upon the payment of ten dollars, which shall not be returned to him, be examined by said board in the subjects considered essential by it for a dental hygienist, and, if his examination is satisfactory, shall be registered as a dental hygienist and given a certificate allowing him to clean teeth under the direction of any registered dentist of this commonwealth, subject to such rules and regulations as may be adopted by said board. An applicant who fails to pass a satisfactory examination shall be entitled to one re-examination at any future meeting of the board, free of charge, but for each subsequent examination he shall pay ten dollars.

SECTION 13. Whoever falsely asserts that he has a certificate granted by said board, or who, having such certificate, fails to exhibit the same as required by this act, or who falsely and with intent to deceive claims to be a graduate of any college granting degrees in dentistry, or who practices or attempts to practice dentistry or dental hygiene as defined in section eleven hereof without being registered as herein provided, or any registered dentist or any owners or managers of an incorporated dental company who shall employ an unregistered

person as an operator, may be punished for each offence by a fine of not more than two hundred dollars or by imprisonment for three months, or by both such fine and imprisonment.

Rules and Regulations Governing the Practice of Dental Hygienists in the State of Massachusetts.

1. Each dental-hygienist shall register with the Secretary of the Massachusetts Board of Dental Examiners when commencing practise, annually thereafter in the month of January and at such other times as he may change his place of employment or employer. Blanks for this purpose will be furnished by the Secretary of the Board.

2. The cleaning of teeth is limited to the removal of lime deposits, accretions, and stains from the exposed surfaces.

3. Any violation of these rules shall be amenable to provisions of Sections 11 and 13 of Chapter 301 of the Acts of 1915, as amended by chapter 76 of the Acts of 1917, as above set forth.

MINNESOTA:

AN ACT TO PROVIDE FOR THE LICENSING OF DENTAL NURSES AND PROVIDING THE DUTIES AND RIGHTS OF DENTAL NURSES.

Be it enacted by the Legislature of the State of Minnesota:

SECTION 1. Who May Become Dental Nurse: Any woman of good moral character, having a high school education and being twenty years of age or over, who is a graduate of a training school for dental nurses requiring a course of not less than two academic years, and approved by the board of dental examiners, or who is a graduate of a training school for nurses and has received

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at least three (3) months' clinical training in dentist hygiene in any approved training school for dental nurses, may upon payment of ten dollars (\$10.00) be examined by said board on the subjects considered essential by it for a dental nurse. Such examination may, in the discretion of the board, be conducted by a part of the members of the board. If the applicant in the opinion of the board, successfully passes said examination, she shall be registered and licensed as a dental nurse. Any woman of good moral character and 20 years of age or more, who before June 1, 1919, shall register her name with the state board of dental examiners, may upon showing three (3) years' actual experience in the office of a licensed dentist, and upon complying with such requirements and passing such examinations as the board of dental examiners shall require, be licensed as a dental nurse.

SEC. 2. Employment Of And Practice By Dental Nurses: Any licensed dentist, public institution or school authorities may employ such licensed dental nurse. Such dental nurse may remove lime deposits, accretions and stains from the exposed surfaces of the teeth, and administer gas, ether and anæsthesia, as applied to dentistry, but shall not perform any other operation on the teeth or tissues of the mouth. She may operate in the office of any licensed dentist or in any public institution, or in the schools, under the general direction or supervision of a licensed dentist. The board of dental examiners may suspend or revoke, with power to reinstate, the license of any licensed dentist who shall permit any dental nurse operating under his supervision, to perform any operation other than that

permitted under the provisions of this section, and it may also suspend or revoke, with power of reinstatement, the license of any dental nurse violating the provisions of this act, the procedure to be followed in the case of such suspension, revocation or reinstatement, shall be the same as that prescribed by law in the case of suspension, revocation or reinstatement of a licensed dentist.

SEC. 3. Payments To Be Made To Board of Dental Examiners: Before the first of May in each year, every licensed dental nurse shall pay to the board of dental examiners a license fee of one dollar (\$1.00), and in default of such payment, the board may upon hearing and upon twenty (20) days' notice revoke the license of the nurse in default; but the payment of such fee on or before the time of hearing, with such additional sum not exceeding five dollars (\$5.00), as may be fixed by the board, shall excuse any default. The board may collect such fee by suit.

SEC. 4. Licensing of Dental Nurses Authorized By Another State: Any female dental nurse or dental hygienist duly licensed to practice as such in another state having and maintaining an equal standard of laws regulating the practice of dental nurses with this state, and who is of good moral character and is desirous of removing to this state, and deposits in person with the board of dental examiners a certificate from the examining board of the state in which she is licensed, certifying to the fact of her being licensed and that she is of good moral character and professional attainments, may upon the payment of a fee of twenty dollars (\$20.00) at the discretion of the board be granted a license to

practice in this state without further examination. As to any person so applying and who has been licensed in a state not maintaining an equal standard of laws within this state, the board may license such person upon the payment of the fee above provided for, furnishing the same evidence as to licensing, good moral character, and professional attainments, and passing such further examination as the board of dental examiners shall deem necessary.

SEC. 5. This act shall take effect from and after its passage.

Approved April 15, 1919.

NEW HAMPSHIRE:

DENTAL HYGIENIST ACT: 1919

Any person of good moral character and twenty years of age or over, who is a graduate of a training school for dental hygienists, requiring a course of not less than one academic year and approved by said board, or who is a graduate of a training school for nurses and has received three months' clinical training in dental hygiene in any such training school for dental hygienists, may, upon the payment of ten dollars, which shall not be returned to him, be examined by said board in the subjects considered essential by it for a dental hygienist and if his examination is satisfactory, shall be registered as a dental hygienist and given a certificate allowing him to clean teeth under the direction of a registered dentist of this state, in public or private schools or institutions approved by the local board of health. An applicant who fails to pass a satisfactory examination shall be entitled to one re-examination at any future meeting of the board, free of charge, but for each subsequent examination he shall pay

ten dollars. But this act shall not apply to persons who for a period of at least one year prior to the time when this act shall take effect shall have been dental nurses in the office of some legal practitioner of dentistry in this state, but such persons may be examined by said dental board without being graduates of or holding a diploma from any training school for dental hygienists, provided such persons shall, within ninety days after this act shall take effect, file with the secretary-treasurer declarations under oath that they have been dental nurses serving under a legal practitioner as aforesaid and desire to take the examination.

NEW YORK:

DENTAL HYGIENIST ACT: Effective 1916.

Any dental dispensary or infirmary legally incorporated and registered by the regents, and maintaining a proper standard and equipment may establish for women students a course of study in oral hygiene. All such students upon entrance shall present evidence of attendance of one year in the high school, and may be graduated in one year as dental hygienists, upon complying with the preliminary requirements to examination by the board, which are:

- (a) A fee of five dollars;
- (b) Evidence that they are at least twenty years of age and of good moral character;
- (c) That they have complied with and fulfilled the preliminary and professional requirements and the requirements of the statute.

After having satisfactorily passed such examination they shall be registered and licensed as dental hygienists by the regents under such rules as the regents shall prescribe.

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6. Any licensed dentist, public institution or school authorities may employ such licensed and registered dental hygienists. Such dental hygienists may remove lime deposits, accretions and stains from the exposed surfaces of the teeth, but shall not perform any other operation on the teeth or tissues of the mouth. They may operate in the office of any licensed dentist, or in any public institution or in the schools under the general direction or supervision of a licensed dentist, but nothing herein shall be construed as authorizing any dental hygienist performing any operation in the mouth without supervision. The regents may revoke the license of any licensed dentist who shall permit any dental hygienist operating under his supervision to perform any operation other than that permitted under the provisions of this section, and they may also revoke the license of any dental hygienist violating the provisions of this act.

OKLAHOMA:

DENTAL HYGIENIST ACT: 1919.

SECTION 16. Any registered or licensed dentist may employ women assistants, who shall be known as dental hygienists. Such dental hygienists may remove lime deposits, accretions and stains from exposed surface of the teeth, and directly beneath the free margin of the gum, but shall not perform any other operation on the teeth or mouth, or any diseased tissue of the mouth. They may operate only in the office of any registered or licensed dentist under the general supervision of such dentist. The State Board of Dental Examiners may revoke the license of any registered or licensed dentist who shall permit any dental hygienist

operating under his supervision to perform any operation other than that permitted under the provision of this section.

SECTION 17. No person shall enter, practice as a dental hygienist in this State until she has passed an examination given her by the Board of Dental Examiners of this State, under such rules and regulations as it may deem fit, and proper to formulate. The fee for said examination shall be ten dollars (\$10.00) and any applicant failing to pass said examination shall be entitled to one additional examination, for an additional fee of five dollars (\$5.00). The fee for such re-examination thereafter shall be five dollars (\$5.00). The said Board of Dental Examiners shall issue certificates of ability to practice as dental hygienists in this State to those who have passed said examination; provided, however, that no person shall be entitled to such certificate unless she shall be eighteen years of age, of good moral character, and must be a graduate of a reputable training school for dental hygienists.

TENNESSEE:

DENTAL HYGIENISTS' ACT: 1919.

SECTION 6. Be it further enacted that any dental dispensary, infirmary or school legally incorporated and recognized by the State Board of Dental Examiners as maintaining the proper standard and equipment may establish for female students a course of study in Mouth Hygiene. All such students upon entrance to such dispensary, infirmary, or school must be of good moral character and have had one year in high school, and shall present such other evidence of qualifications as may be required by said dispensary, infirmary, or

school, and may be graduated in not less than one collegiate year as Dental Hygienist, upon complying with the preliminary and professional requirements as to examinations established by said State Board; provided, that no person shall be graduated as Dental Hygienist who is under twenty years of age. Upon payment of a fee of twenty-five dollars, after having satisfactorily passed such examinations, they shall be licensed and registered as dental hygienist by said State Board of Dental Examiners under the rules and requirements as prescribed for the registration and licensing of dentists.

SECTION 7. Be it further enacted that any regularly licensed and registered dentist may employ such licensed and registered dental hygienist. Such dental hygienist may remove lime de-

posits, accretions, and stains from the exposed surfaces of the teeth and polish same, but shall not perform any other operation on the teeth or tissues of the mouth. They may operate only in the offices and under the general supervision of a licensed and registered dentist. Nothing herein shall be construed as authorizing any dental hygienist to perform any operation in the mouth without such supervision.

SECTION 8. Be it further enacted that said State Board may revoke the license of any dentist who shall permit any dental hygienist operating under his supervision to perform any operation other than that permitted under the provisions of this Act, and said board may also revoke the license of any dental hygienist violating any of the provisions of this Act.

Thank You, Dr. Thomas, and We Have Changed It

Editor ORAL HYGIENE:

I note with pleasure the establishment of a Department of Pediatrics in ORAL HYGIENE. As the originator of the name, may I make a correction? The word is misspelled in your issue and should be *Pediatrics*, a word of pure Greek derivation.

Complimenting you on the success of ORAL HYGIENE, and with personal best wishes, I remain,

Minneapolis, Minn.

Yours very truly,

PHILIP R. THOMAS, D.D.S.

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Department of Pediadontia

W. A. BRIERLEY, D.D.S., DENVER, COLORADO

Contributing Editor

Operating for Children

DENTISTS who have had experience with groups of children, as in school clinics, know that the management of children in private practice is very different from controlling an equal number in schools.

The thing called "crowd psychology" plays an important part with children who are in school and under school influences.

Where free dental service is provided for all pupils in a school room, and "it is your turn next to go to the dentist," spoken by the teacher, is the only warning the child gets, the process becomes in his mind simply a part of the routine work of getting an education, and he goes to the dental room in essentially the same frame of mind that he obeys any other of the teacher's orders. The writer has seen this demonstrated many times.

Often children live in a little world of their own creation, and school activities are given a large place in their life scheme. With others of their own age they consult over matters of mutual interest. Little Miss Six Years finds a true friend in Miss Eight Years, and has absolute confidence in her council. In such a world of little people the school teacher is almost the only adult whose presence is accepted as being legitimate, and there her influence is as wide as the oceans.

She it is who with discretion can guide the "crowd psychology" in almost any direction, even to a point where children will go to the dentist without hesitation.

At the close of two weeks' work at a school where free service was furnished for all pupils, the dentist's assistant in making her report, added to it: "Note—We worked for 200 children and not one of them cried." At that place 120 teeth were extracted and 393 fillings inserted.

But working for children in a private practice is quite a different story, implying, as it does, management of the children as well as management of the teeth, with the former problem usually giving the dentist more concern than the latter.

With so relatively few children getting their first dental lessons in the schools, influences from that source are not as yet much of an aid to the general practitioner in securing the confidence of child patients. The influence of sensible parents counts most in persuading the child that dental service should be accepted without protest.

The first visit of a child to a dental office is usually a momentous occasion, and every action of the dentist is closely watched and remembered. If possible no pain should be given at that time. That is the time to win the child's

confidence, and to accomplish it is worth the best of the dentist's diplomacy, cheerfulness, time and patience.

Kindness, tact and patience when properly applied will usually win the day. The proportion of children who cannot thus be won over is far smaller than most dentists think.

In "coming down" to children don't make the mistake of going too far down. Usually children feel flattered when treated as if you thought them a little older than they really are.

The child mind works slowly. Give your child patients plenty of time to grasp what you wish them to know. This is nicely expressed in the following from the pen of Dr. Thaddeus Hyatt of New York:

"While children are quick in their assimilation of intuitive knowledge they are exceedingly slow in the acquisition of physical

facts. It will take them considerable time to learn how to brush the teeth correctly, because they have not only to perform the act, not only to think of it, but also have to fix the impression. As in photography there is what is known as a fixing solution in which it takes time to fix the photograph, and which process cannot be hurried, so with the children—they need to have plenty of time to fix the impression and they should be given all the time they need. They are slow, necessarily, because there are no short routes in fixing impressions on the child's mind."

He was a dandy kid—the kind that you like from the first glimpse—and it seemed tough to have to give him gas to extract the abscessed molar. Just as soon as he was able to speak he said "I just shook hands with Charley Chaplin!"



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From a Radiodontist's Viewpoint

HOWARD R. RAPER, D.D.S., INDIANAPOLIS, INDIANA

Contributing Editor

Current Literature Still Teething

IT continues. The reference to dental matters in the literature of the day I have mentioned before. [ORAL HYGIENE, July 1920.]

This time I find it on page 163 of the excellent novel of American life, "Main Street."

The chief character of the book is "Carol," the wife of "Dr. Will," a physician and surgeon. They live in a small town of about three thousand population. Dr. Westlake is another physician, one of the "old school," living in the same town, a competing colleague of Dr. Will's.

It is Carol who speaks first. Her conversation is with Dr. Will. I quote:

"*****What do you think of Dr. Westlake?"

"Westlake? Why?"

"I noticed him on the street today."

"Was he limping? If the poor fish would have his teeth X-rayed, I'll bet nine and a half cents he'd find an abscess there. 'Rheumatism' he calls it. Rheumatism, hell! He's behind the times. Wonder he doesn't bleed himself!"

* * *

Read this, prosthodontists. I find it in *E. W. Howe's Monthly* for December: "American dentists are said to be the best in the world; yet I have never seen a set of false teeth that looked

natural. They are made too pretty, like wigs."

There is a bit of fairness in what Howe says.

But I know prosthodontists who do not make the mistake Howe speaks of.

My guess is that if Howe should see some of the best work of the profession in this line he would not recognize it as false. The false teeth he sees are the ones that look like false teeth. If false teeth fool him then he does not know they are false.

Is it any wonder then that he thinks all false teeth look false? However, may I repeat, there is a bit of fairness in his criticism.

It is too bad though that some of dentistry's best work is hidden by its perfection while its worst is most distressingly apparent.

* * *

The following is quoted from a story appearing serially in the *Saturday Evening Post*. Title: "My Son." Author: Cora Harris.

"*****Our guest would stand on his hind legs at once and begin to count off the children he had, and what he paid for shoes and doctors' bills, especially what the dentist cost. All his children had teeth, he had teeth, and his wife has a plate of false teeth! How much did I think it cost to maintain the teeth in a family of six?"

"I was always a trifle flustered by this question. My plates were made so many years ago, when you could get a good double set of them for twenty-five dollars. And it has been so long since real teeth entered into the problem of existence with me that I have had no experience with modern dentists. But it does seem strange to me how everybody tears round these days about just his teeth. The human tooth is under suspicion. It turns out to be the root of all evil in the body. If you go to the doctor with a pain in your knee he sends you to the dentist, who gags you, taps your teeth, chooses the best molar you have or maybe the only two you have that hit, and yanks them out. Therefore, your knee will be well. This does not follow. I am as innocent of teeth as a newborn babe, but I have a knee that still aches like a tooth in bad weather."

This character of the author's shows little belief in the theory of metastatic infection coming from the teeth.

It seems to me I can detect some petulance in what I have quoted. Though the fictitious character who speaks is toothless, I make the wild guess that the author herself is not, and she is retaining some pulpless teeth, against her physician's and dentist's advice, which are ruining her sweet disposition. Of course, that is only a guess.

To insinuate that the teeth cannot cause a pain in the knee because such a pain occurs where there are no teeth, is as nonsensical as to argue that a pistol cannot cause death, because

death occurs in the absence of pistols. There are, of course, many other causes for pain in the knee besides teeth.

What the author's personal opinions are I do not know. She may put her own opinion into the mouth of her character, or she may not. The tooth talk is true to character and realistic. Perhaps that is why it was written. But no matter why it was written, it is significant. Reaction from the extracting spree is setting in and this reaction holds greater possibilities for harm than the spree itself.

* * *

The profession of Puritanism, according to Brother Nathan who is one of the two talented editors of what they admit is "The Aristocrat Among Magazines"—i. e. *Smart Set* As I was saying, when that sentence threatened to run away with me, the profession of Puritanism, according to Dr. Nathan, is the business of snooping out the naughty things in plays, books, magazines, movies, cabarets and the beaches. I quote a part of a paragraph where dentistry is mentioned.

"In the second place, Puritanism is a paying business, just as anti-Puritanism is. If I get paid for writing against Puritanism, some other man gets paid for writing and acting in behalf of it. Puritanism as a profession is today the eleventh industry in the United States; its salary list and earning power are thirty-six times as great as those of, say dentistry, and its work—being obviously thirty-six times as pleasant and

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exciting—naturally enlists a second, lying to the facial or thirty-six-fold eager drove of lingual applicants."

* * *

"Lord Chesterfield's Letters To His Son" are not "current literature," though they are just as certainly "literature." Nevertheless I desire to mention them here.

The dental profession is acquainted with the quotation in which the father admonishes the boy to keep his "teeth very clean by washing them constantly every morning," etc. Colgate used it recently in an advertisement.

There is another reference in "The Letters" to the teeth which is not so well known. Here it is: "Pray send for the best operator for the teeth, at Turin, where I suppose there is some famous one; and let him put yours in perfect order; and then take care to keep them so, afterwards, yourself. You had very good teeth, and I hope they are so still; but even those who have bad ones should keep them clean; for a dirty mouth is, in my mind, ill manners.

* * *

I have already directed attention to the fact that a horizontal or semi-horizontal lower third molar lying to the distal of the second molar, may be radiographed with the X-ray passing through the parts at such an angle that, in the radiographic negative, the shadow of the crown of the third molar and the second molar overlap. The ordinary misinterpretation of such negatives is for the misinterpreter to assume that the third molar does lap the

second, lying to the facial or lingual.

C. O. S. tells me of another sort of misinterpretation. The misinterpreter assumed that the impacted tooth had pressed its way *into* the second molar causing absorption of the latter. The patient was advised to have the second molar extracted, but more radiographs were made at different angles and the true location of the horizontal tooth, to the distal of the second molar, ascertained.

* * *

O. K. has sent me what I believe is the most fascinating dental X-ray negative I have ever seen. I stand or sit and gaze at it in speechless wonder. You couldn't guess what it is in a thousand guesses.

It is an impacted lower third molar. It lies almost horizontally in the jaw; tipped only about ten degrees from the horizontal. The occlusal surface presents mesially, about two thirds of the surface being above the plane of the occlusal surface of the second molar. There is some evidence of infection in the coronal region of the third molar.

As so far described this is certainly an ordinary enough case. Nothing about it to fascinate anyone. But listen: The canals of that impacted tooth are filled!! The distal canal has a difficult curve near the apex, but it is filled to the end. It is quite an accomplishment in the way of canal filling. But why? why?? why??? did the operator ever fill them in such a tooth? The mystery is too much for me.

If You Desire to Have the "Your Teeth" Series Run in Your Home Town Paper—

ORAL HYGIENE will run a series of fifty-two Lay Education stories, of about three hundred words, each year. That will make four or five stories each month.

These stories will be printed in proper form for immediate use in newspapers.

In every district where a dental society designates a certain newspaper—that paper will be given the privilege of printing these stories—one each week, free of charge.

This means that these stories may be had over the entire English-speaking world.

At the end of each year the collected stories will be published as a booklet which will be available for classroom work. In addition to printing these stories they will be very useful as a basis for popular lectures upon the health of the mouth.

Only *accepted* dental knowledge will be used. The language will be that of every-day use and the stories will be interesting. If you desire to have this series run in your "home town" paper notify ORAL HYGIENE and permission will be given exclusively to the paper that will agree to run the stories regularly.

Those newspapers that are upon this list will be furnished with special early copies of ORAL HYGIENE directly from the office of publication. The editor can simply clip the stories and publish one each week. There are three conditions attached to this permission:

1st: The stories must not be published in any town where the recognized dental society does not approve of this series.

2nd: Each story must be printed entire and without alteration.

3rd: These stories must not be used either in whole or in part as advertisements.—*Editorial, May Issue.*

Department of Lay Education

“Your Teeth”

By REA PROCTOR McGEE, M.D., D.D.S., PITTSBURGH, PA.

*Here are four of the stories, prepared for daily and weekly newspapers.
Others of these will be printed in future issues*

Dead Nerves

WE don't really mean dead nerves when we say it—what we do mean is a tooth pulp that has had its circulation stopped. A pulp is a little soft connective tissue with blood vessels and nerve fibres that is found inside the tooth and is necessary to the life of the tooth.

The pulps are very sensitive and delicate. If they are exposed they die; in fact they die sometimes when they are not exposed. Those that die without actual exposure have been irritated by tooth decay or improper use or injury, so that the pulp swells inside its bony case and chokes itself.

The tooth pulp could stand much more irritation if it had room to swell, but in its little canal inside the tooth there is no room. As soon as the pulp is irritated enough to swell ever so little, the pressure stops the incoming of the arterial blood and the escape of the venous blood and then the circulation stops and decomposition begins.

It is very unfortunate to have the pulp in a tooth die.

It is true that many times the dead pulp is successfully removed

and the canal artificially filled so that the tooth remains useful for a long period, but many pulpless teeth abscess. The cleansing and filling of a tooth canal is a very difficult and skillful operation. Why not take such good care of the teeth and mouth that you will not take chances on having infection from abscessed teeth?

By keeping the teeth clean and having small cavities filled at once the long, tedious and sometimes painful operation can be avoided. Sound teeth in good position and with live healthy nerves do not give trouble; they do their work willingly.

Irregular Teeth

When the teeth come into their natural position in the mouth there is seldom any disturbance during the process of eruption.

Teeth that are irregular require much more effort on the part of nature than those that are normal.

It is like the ninety and nine that went not astray. The good sheep caused no trouble and walked right into the fold, but the one irregular one kept the shepherd out all night in the wet when he should have been asleep.

One of the causes of irregularity

in the teeth is the uneven development of the jaw bones themselves due to the effect of childhood's fevers and to abscesses or too early loss or too long retention of temporary teeth.

The density or hardness of the jaw bones is produced by the orderly laying down of lime salts—any inflammation may cause this.

More than usual resistance to the movement of an erupting tooth through the bone will cause the tooth either to choose the route of least resistance or to give up hope and become impacted, that is, not to erupt at all.

Whenever the teeth of a child are irregular that child suffers not only from lack of proper mastication and appearance and form of the mouth and face, but actually from a very considerable backward pressure of blood from the region of the jaws.

This causes adenoids and congestion of the membranes of the nose and in a great many instances nervous conditions that interfere with the disposition and development of the child. Irregular teeth should be straightened at the first opportunity.

The Human Jaws

Every bone in the body is fashioned to stand the particular strain that comes to its own zone.

The shape and strength and blood supply of each bone is just right for that bone, just as a well-balanced piece of machinery must have every part fitted to do its work and must have every part strong enough to last without too much weight or bulk.

The bones of the jaw have as a protection from the pressure of chewing only a very thin membrane composed of periosteum and mucosa which we call the muco-periosteum.

The teeth are set in sockets, properly called alveoli, which are simply holes in the bone that fit the roots of the teeth.

There is a membrane that lines the socket and at the same time covers the tooth root. This is a double faced membrane which protects and nourishes both the bony surface and the surface of the tooth root. The jaws have transmitted to them the pressure that is made upon the teeth in chewing and the only thing that acts as a shock absorber is this one little thin membrane that lines the socket. As much as two hundred and fifty pounds pressure to the square inch is frequently exerted upon the teeth. Whenever a tooth is lost the work that the other teeth do is increased so that the pressure of chewing is no longer distributed over the whole jaw, but is confined to those spots where the teeth remain.

Is it any wonder that the bones of the jaw sometimes become so irritated from over-work and so inflamed from abscessed teeth that considerable portions of the bone itself may be lost?

If the teeth are kept in a state of health the bones of the jaw will usually remain strong and vigorous as nature intended they should be.

The Fifty-Two Teeth

Every normal person will have in his lifetime fifty-two teeth—as

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many teeth as there are weeks in the year.

There are twenty teeth in the temporary set and thirty-two in the permanent set. In each jaw the temporary teeth will consist of two central incisors, two lateral incisors, two cuspids, two first molars and two second molars.

There are no bicuspid teeth and no third molars in the temporary set; these are found only in the permanent teeth.

Nature's method of erupting, or cutting the teeth is peculiar.

The temporary teeth in baby's jaws are developed in a little groove—just like planting corn in a furrow in the field.

These little teeth have the enamel formed first and then the roots. The teeth do not begin to erupt until a bony covering is grown from the edges of the developmental groove completely over the tops of the baby teeth.

Then as soon as this job is complete, nature at once begins to absorb the layer of bone so recently grown over the tops of these teeth and presently the

teeth, with the aid of blood pressure, push their way through bone and gum into the mouth.

The permanent teeth form more deeply in the jaw and of course as they are more perfect, they form more slowly.

When all of the baby teeth are in place the little jaws are literally crowded with teeth; twenty in place in the mouth, and thirty-two more or less developed teeth yet concealed beneath the bone.

Does it not seem good judgment to take care of the permanent teeth so that abscesses will not form about their roots? Just think of the damage that infection from baby teeth can do to these crowded little jaws.

There are no other bones in the body that have other organs developing within them.

Only the jaw bones have, in a lifetime, fifty-two holes punched in them by Nature to accommodate fifty-two additional organs. A healthy jaw has as much work to do as it can handle without adding to its burden infection that can be prevented.

Massachusetts Examination Date Changed

Editor ORAL HYGIENE:

The dates of the Massachusetts examination are to be advanced one day. They will be held March 14th to the 17th inclusive, instead of March 15th to the 18th inclusive.

The correction of this error before publication, would be greatly appreciated.

Sincerely yours,

J. N. CARRIÈRE, D.D.S.,

Secretary Massachusetts

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EDITORIAL

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ORAL HYGIENE does not publish Society Announcements, Personals or Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine.

A Calendar

THE National Cash Register Company of Dayton, Ohio, which furnished the Y. M. C. A. with a very important part of their equipment during the war, has issued a calendar for 1921 that is unusually good.

At the top is a photogravure of the dental dispensary of the N. C. R. Company and for each week there is a wise quotation from "Mr. A. Toothbrush" and a suggestion that the mouth receive proper care.

Whoever is responsible for the compilation of the calendar deserves a great deal of praise for a very clever piece of work.

The Sale of Tooth Cleansing Preparations

DO you know anything about the preference of your patients in the matter of tooth pastes, tooth powders and tooth liquids?

The Service Bureau of the *Milwaukee Journal* has just completed a survey to determine the sales of tooth cleansing preparations in the Milwaukee market.

This investigation was made from a purely commercial standpoint to ascertain the relative popularity of the leading brands at present and to have a basis for comparison to show the changes in popularity due to advertising of new products or non-advertising of old brands.

The investigation of the *Journal* was without prejudice and the conclusions reached are of considerable interest to the dentist. The volume of sales is of course a matter of close estimate; an actual count is out of the question.

The average weekly sales of drug and department stores are taken and multiplied by fifty-two for the year's estimate. Five and ten-cent stores and notion stores were not considered. The yearly sales of tooth paste in Milwaukee is 1,250,000 tubes. Please bear in mind that all of these figures apply solely to Milwaukee. The yearly sales of tooth powder is 200,000 cans. The average sale of liquids is 62,500 bottles.

Sixty per cent of this distribution is from the downtown drug and department stores.

Milwaukee has a population of 525,000 people—about 600,000 in the immediate supply district—that is, about 600,000 people are so closely identified with the city that they buy their intimate personal supplies from the Milwaukee retailers. This would mean that this many people are possible patients for the Milwaukee dentists.

400,000 of these people are actual consumers of tooth cleansing preparations.

That is a very important piece of information. Milwaukee is in many ways an average community; if two-thirds of the citizens of Milwaukee use dentifrices, we can assume that two-thirds of the people of the U. S. A. use dentifrices.

Of the one-third who do not use these articles, we must have a considerable number who have not yet raised their teeth and those who have met the 100% club. The per capita consumption of tooth paste is 3.1 tubes per year. The per capita consumption of tooth powder is one-half can per year. The per capita consumption of liquid is .16 bottle per year. (Milwaukee seems a little off on liquid these days).

On an average, those 400,000 Milwaukee people who are taking care of their mouths each use about four packages of tooth cleansing preparations each year, one package each season.

One rather interesting fact is that a tooth paste, tooth powder or mouth wash to be popular must cost twenty-five

cents. In this investigation the retail dealers were asked: "Does the customer ask for the tooth preparation by name?"

Almost unanimously the answer was, "Yes."

This fact should lead every dentist to really investigate the tooth preparations that are in the market in order to instruct his patient what ones to avoid.

Where the customer has no preference he is quickly supplied with the brand that yields the greatest profit to the dealer. Let us divide Milwaukee's population into sixths. Two-sixths do not purchase tooth cleaning preparations. Four-sixths *do* purchase them. Of the two-sixths, one-half, at least, are children, the aged, invalids, insane, prisoners, and all others who are classed as irresponsible.

This leaves only one-sixth of the regular population who do not buy tooth preparations.

Of this one-sixth there are many who use home-made preparations, many who use plain water or salt and water, prepared chalk, cigar ashes, soap and any number of other harmless or harmful substances to cleanse their mouths.

Now all of these pastes, etc., cannot be used without tooth brushes, so that about five-sixths of the Milwaukee population would be liable to be found in the tooth brush column.

If this overwhelming percentage of people in one city will voluntarily tax themselves at least a dollar each year go keep their mouths clean, then indeed we are on the high road toward one hundred per cent oral prophylaxis. One thing is quite certain, the people of America are making an effort to keep their mouths clean.

Correspondence

THE editor of ORAL HYGIENE frequently receives letters, some from dentists, others from laymen and students, requesting personal communications giving

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special information in regard to articles appearing in the magazine.

While the editor desires to extend every courtesy possible, it is out of the question to devote the necessary time to this kind of correspondence, consequently each article will have to stand as complete.

There are many correspondents also who have an idea that ORAL HYGIENE is looking for an opportunity to take sides in local factional fights. They are mistaken. This magazine has in view the general advancement of the oral hygiene movement.

Settle your local fights among yourselves and then join in the big idea, which is big enough to need the full strength of dentistry!

Practical Idealism

Dr. Bowman, the new chancellor of the University of Pittsburgh, makes a good impression with his first address to members of the faculty, trustees, students and alumni. He stated the only justification for the existence of a university forcibly by asking this question:

Can the University of Pittsburgh strike its purpose into intimate contact with the industry, the production, the political life, and the homes of Pittsburgh and create by that contact so much betterment and happiness that the people would willingly work, fight and die, if need be, for the continuation and advance of all that the university means to them?

TAKEN at one gulp, that is a pretty big question.

I believe that any university which is properly handled is of such great benefit to the community that it leaves its impress upon the whole people of the community, many of whom are hardly conscious of the actual existence of the institution.

The intellectual leaven works so thoroughly that eventually the thought, speech and action of the general public respond to the good influence. When it comes to the "die" business, however, the chancellor and I part company

I have not made the acquaintance of anyone who was willing to go out and die for a university. In looking over the undergraduates at times, I have thought that Nature missed a bet in letting them all live, yet in after years, when the college training gets in its good work, Nature is vindicated, usually. As far as fighting is concerned, there isn't much to fight about any more.

The universities don't fight each other and the church no longer opposes education.

The big effort these days is to get the money to run the institution and then keep the students away from the movies long enough to attend the lectures.

Here's hoping that the University of Pittsburgh will get all of the money it needs and will educate the students to their full mental capacity and will continue its wonderful growth and will not take itself too seriously.

This Helps, Dr. Hopkinson, Thank You, Sir!

Editor ORAL HYGIENE:

The tenth anniversary number of ORAL HYGIENE is before me and it gives me great pleasure to offer you my cordial and sincere congratulations upon being the guiding hand at this important epoch in the history of this most excellent journal.

When I began to teach oral hygiene at the University of Maryland, I found many excellent suggestions, of which I availed myself, in the pages of the journal, and it is an interesting coincidence to me, that we began our labors for help for the masses at the same time.

I am confident that long after my labors shall cease, the valuable illuminator, which you edit, will be spreading light and education throughout the length and breadth of this and other lands.

More power to you, Sir, and success to ORAL HYGIENE, and all those who assist in its publication and distribution.

Cordially and fraternally,
B. MERRILL HOPKINSON, A.M., M.D.

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Baltimore, Md.

To the Dentist

By WALT MASON

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To the dentist I am wending at the early hour of day, when the rising sun is lending glory to the stacks of hay; for a session elevating all arrangements have been made, and the painless dentist's waiting with his crowbar and his spade. Oh my ringbones long have smarted, and my spavins hurt my calves; for such things in days departed, I used liniments and salves; but my teeth are at the bottom of such miseries as these, and the same old teeth, dod trot 'em, make existence seem a cheese. Once I had a temper cheerful, and my home was full of peace, and you heard no wailing tearful from my wife or aunt or niece; but for months I've been as nasty as a bear with festered dome, and I said things blanky-blasty when I had to write a pome. Oh, a shadow o'er me hovered, and it changed my wine to gall, and the doctor has discovered that my teeth produced it all. Of all uticas the pentest is the the one that spoils our glee, so I'm going to the dentist and the dentist waits for me. In his apron new and stainless he is waiting at his door, he is standing tall and painless, and his smile is five by four; he is singing like a linnet, waiting there to cut his ice, and he'll charge a bone a minute, but the goods are worth the price.]

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back!

"How's the world treating you?"

"Less and less often."

"I saw Brown the other day. He was treating his wife in a way I wouldn't treat my dog."

"Great Scott! What was he doing?"

"Kissing her."

A tourist while "doing" California, noticed a long shanty which displayed the following sign: "Teeth yanked without a twinge." As he happened to be suffering from toothache, he entered the shanty and asked the dentist:

"Do you extract teeth without giving pain?"

"Waal, I reckon so, stranger."

"All right; pull this one out," indicating the offending molar.

The dentist whistled, and in walked his assistant armed with a club.

"Now, pard," quoth the "dentist," "Stun him!"

"What's this I hear about you and your wife having trouble? Before you were married you told me you would go to the ends of the earth together."

"Yes," and there was a great weariness in the speaker's voice, "but I didn't know she wanted to go there in a taxi."

"Was that a new girl I saw you with last night?"

"Nope, just the old one painted over."

"I know a man that has been married 30 years and he spends all his evenings at home."

"That's what I call love."

"Oh, no; it's paralysis."

"How much are your rooms?"

"Twenty dollars up."

"But I am a medical student."

"Twenty dollars down."

Willie (reading)—"Man wanted to chop wood, bring up coal, tend furnace, take care of garden, mind chickens and children—"

Frayed Fagin (groaning)—
"Gee! dem matrimonial advertisements make me tired."

Golfer—Aren't you aware that it is very dangerous to allow a child to run about the links alone?

Maid—'S all right, sir—the poor little feller's stone deaf.

"What is a lexicodontist?"

"He's a man who invents names for the new specialties in dentistry."